



**California Secretary of State
BALLOT DESIGNATION WORKSHEET**

(Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

RECEIVED
CITY CLERK

This entire form **must be completed**, or it will not be accepted and you will **not** be entitled to a ballot designation. **DO NOT LEAVE ANY RESPONSE SPACES BLANK.** If information requested is not applicable, please write "N/A" in the space provided, otherwise the information **MUST** be provided. **UPON FILING, THIS WORKSHEET WILL BE A PUBLIC RECORD.**

Candidate Information 1

Candidate Name: Jeff Pettis Gender (optional, for translation use only): Male

Office: City Council Email: jeffpettis2007@gmail.com

Home Address: 254 E. 15th St, Unit B, Costa Mesa, CA 92627

Mailing Address: 254 E. 15th St, Unit B, Costa Mesa, CA 92627

Business Address: 5901 East 7th Street, Long Beach, CA 90822

Phone Number(s) Business: (562) 826-8000 Home/Mobile: (949) 637-9811 Fax: N/A

Attorney Information 2

Attorney Name (or other person authorized to act on your behalf): N/A

Address: N/A

Phone Number(s) Business: N/A Mobile: N/A Fax: N/A

You may select as your ballot designation one of the following designations:

- (a) Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a slash ("/")].
- (b) The full title of the public office you currently occupy and to which you were elected.
- (c) "Appointed [full title of public office]" if you currently serve by appointment in an elective public office and are seeking election to the same office or to some other office.
- (d) "Incumbent" if you were elected (or, if you are a Superior Court Judge, you are a candidate for the same office that you hold) to your current public office and seek election to the same office.
- (e) "Appointed Incumbent" if you were appointed to your current elective public office and seek election to the same office.

Proposed Ballot Designation(s) 3

Proposed Ballot Designation(s): Nurse Manager

Alternate Ballot Designation(s) 1: Registered Nurse

Alternate Ballot Designation(s) 2: N/A

In the spaces provided on the next page(s):

- (a) Describe why you believe you are entitled to use the proposed ballot designation.
- (b) If your proposed ballot designation contains one or more slashes ("/") separating words in your ballot designation for separate principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.
- (c) Attach any documents or exhibits that you believe support your proposed ballot designation.
- (d) If using the title of an elective office, attach a copy of your certificate of election or appointment.
- (e) Any supporting documents will not be returned to you. **Do not submit originals.**

It is your responsibility to justify your proposed ballot designation and to provide all requested details.

If your proposed ballot designation includes the word "volunteer," indicate the title of your volunteer position and the name of the entity for which you volunteer along with a brief description of the type of volunteer work you do and the approximate amount of time involved. You may only use the ballot designation "community volunteer" if you volunteer for a 501(c)(3) charitable, educational, or religious organization, a governmental agency or an educational institution. You may not use "community volunteer" together with another designation.



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If your proposed ballot designation contains **one or more slashes ("/")** separating multiple principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), **complete a justification section for each separate PVO.**

Justification
for use of
Proposed
Ballot
Designation(s)
If you are
proposing
alternate ballot
designations,
please provide
justification for
use of those on
Page 3.

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Justification for use of 1 st PVO: I am a Registered Nurse Manager at Tibor Rubin VA Medical Center - Long Beach		
Current or most recent job title:	Nurse Manager	Start/End Dates: 12/9/2018
Employer Name or Business:	Tibor Rubin VA Medical Center - Long Beach	
Person who can verify this information:		
Name:	N/A	Phone Number(s): (562) 826-5651 Email: N/A
Justification for use of 2 nd PVO: I am a Registered Nurse and received my RN license in 2010		
Current or most recent job title:	Registered Nurse	Start/End Dates: 10/28/2010
Employer Name or Business:	N/A	
Person who can verify this information:		
Name:	BRN	Phone Number(s): N/A Email: N/A
Justification for use of 3 rd PVO: N/A		
Current or most recent job title:	N/A	Start/End Dates: N/A
Employer Name or Business:	N/A	
Person who can verify this information:		
Name:	N/A	Phone Number(s): N/A Email: N/A

Before signing below, answer/initial the following questions. Does your proposed ballot designation:

- | | | |
|---|---|---------|
| 1) Use only a portion of the title of your current elected office? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 2) Non-judicial candidates: Use only the word "Incumbent" for an elective office to which you were appointed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 3) Use more than three total words for your principal professions, vocations, or occupations? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 5) Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 6) Abbreviate the word "retired"? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 7) Place the word "retired" after the words it modifies? Example: Accountant, retired | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 8) Use an word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation, or occupation? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 9) Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 10) Use the name of a political party or political body? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 11) Refer to a racial, religious, or ethnic group? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |
| 12) Refer to any activity prohibited by law? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Initial |

If the answer to any of these questions is "yes," your proposed ballot designation is likely to be rejected.

X

Candidate's Signature

Date Signed:

Month

Day

Year

08 / 03 / 2020

For your reference, attached are Elections Code sections 13107, 13107.3, and 13107.5, and California Code of Regulations (CCR), title 2, section 20711. You also may wish to consult CCR, title 2, sections, 20712-20719 (found at www.sos.ca.gov).